

GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	<u>INSTRUCTIONS</u>
1. To add a new account, Cardholder completes Section II and signs in Section VI, AOPC completes Sections III through V and signs in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax to (904) 954-8710 or Mail to Citibank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134.	

SECTION II	<u>CARDHOLDER INFORMATION</u> (Please Print)
<div style="display: flex; justify-content: space-between;"> <div>*Last Name of Cardholder</div> <div>*First Name</div> <div>*Middle Initial (maximum 20 characters)</div> </div>	
USDOC/NOAA/	
*Agency/Organization Name (please add Line, Staff, or Program Office title)	
*Verification Information	
N/A	
4th Line Embossing	
Social Security Number	
()	
Home Mailing Street Address Line 1 (maximum 36 characters)	
*Home Phone	
Home Mailing Street Address Line 2 (maximum 36 characters)	
*City	*State
*Zip Code	Country
()	
*Business Mailing Street Address Line 1 (maximum 36 characters)	
*Business Phone	
Business Mailing Street Address Line 2 (maximum 36 characters)	
*City	*State
*Zip Code	Country
Yes	
Email Address	
City Pair Program	
()	
N/A	
Fax Number	
Discretionary Code 1 (maximum 12 characters)	
N/A	
N/A	
Discretionary Code 2 (maximum 20 characters)	
Discretionary Code 3 (maximum 15 characters)	
N/A	
Master Accounting Code (leave blank)	
*NOAA Organization Code	

SECTION III	<u>REPORTING PARAMETERS</u>
*Reporting Hierarchy: _____	
*Card Delivery ID #: _____ (maximum 5 characters)	

SECTION IV	<u>AUTHORIZATION PARAMETERS</u>
Dollars per Transaction Limit: \$ _____ Travellers Cheques: Y _____ N _____	
Dollars per Cycle Limit: \$ _____ ATM Access: Y _____ N _____	
Number of Transactions: Daily _____ Cycle _____ ATM Access Limit: Daily \$ _____ Weekly \$ _____ Cycle _____	

SECTION V	<u>*PLASTIC TYPE</u> (Please check one of the following)
Government Standard <input checked="" type="checkbox"/> Quasi-Generic _____ Non-POS (White) _____ Generic _____	

SECTION VI	<u>CARDHOLDER SIGNATURE</u>
By signing this application, I acknowledge I have read the Citibank Government Card Services Travel Program Cardholder Account Agreement and agree to be bound by the terms and conditions as set forth in the Agreement.	
*Cardholder Signature _____ Date _____	

SECTION VII	<u>AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE</u>
*Approving Agency/Organization Program Coordinator's Signature _____ Date _____	

